

HIT Standards Committee Implementation Draft Transcript February 22, 2010

Presentation

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

We'll turn it over to the chair, Aneesh Chopra.

Aneesh Chopra – White House – CTO

Thank you so very much. Today, our goal is to review the candidate names and panel topics for the implementation starter kit hearing on March 8th, and I want to thank Liz and Cris for organizing the blog and the activities around the committee hearing. My presumption here, Liz, is that I'll pass the baton to you to frame for us what we've got thus far, and we'll open it up for conversation.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

We've organized ourselves into four panels, the first being a public sector panel that hopefully Linda will moderate. And we've asked—and you have these names in front of you—but Doug Fridsma from NHIN and the Office of the National Coordinator really represents that portion; Hunt Blair, who is from the Office of Vermont Health Access; Jessie Kahn from CMS/HHS; and Kim Davis-Allen from Alabama Medicaid; and Lisa Carnahan. All the persons that I've named have accepted, I believe, including Lisa. Is that right, Judy?

Judy Sparrow – Office of the National Coordinator – Executive Director

No, I'm actually still waiting to hear from

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Okay. So the others have already accepted and would be speaking to that portion of what the public sector could be doing in providing for us in terms of examples, roadmaps, tools that we could then share with the general public. The second and third panel really are around implementation experiences, and we've chosen to invite both a provider from a variety of types of organizations, as well as their main vendor, and so we've invited David Muntz from Baylor, which is a large academic institution who uses Eclysis.

Aneesh Chopra – White House – CTO

Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Chuck Christian from Good Sam, which is a smaller, standalone, rural type that uses McKesson. Mitzzy Cardenas, who is from Truman Medical, who is urban, inner city sort of a location that uses Cerner. And Scott Joslyn, who uses Epic, and I have two alternatives to Scott. Scott has accepted, but has not received administrative approval for his participation yet, but we do have two alternatives.

Then, on the second implementation panel, we've really looked at even more community-based and physician-based, and so Amanda Parsons from New York PCIP, Ray Scott from Axolotl, along with Dick Thompson, who is running the Quality Health Network in Colorado. John Blair, who would be a large IPA, and I have a meeting with John this afternoon to discuss his partner. And then Judy has a call out to AAFAP to get us another small physician because we found that to be extremely helpful last time when we heard from the small physician and their implementation successes.

Then from an innovation perspective, we just received – Cris has been working, doing some really good work on this one, and we have one acceptance from, we think, a pretty innovative area. Dave Buck in Houston created an EMR for the homeless that he is actually using. Cris, do you want to talk a little bit about sort of your ideas on that panel?

Cris Ross – MinuteClinic – CIO

Sure. I just sent out a document you should have received just a few minutes ago, and I think we came up with kind of four categories, and we might want to pick one person from each of these groups. For example, one would be networks, and there are eight different organizations listed there who are in the networks space. The second one would be alternate EHRs. Dave Buck is an example. But another one we might include in the list would be something like telemedicine, for example, which is a nontraditional delivery structure. Then a question about whether we want to include PHRs in this discussion, a couple of names there.

And then the final one was something around vocabularies. I know we had talked about quality as well too. But in an earlier workgroup, we had discussed that vocabularies seemed like an area where we wanted to drill down. And what we were hoping to do was to find not someone who could re-plow the same ground that Jamie's panel will tomorrow, but instead look at what's going on in the boundaries of vocabulary work, either in terms of expanding it or hopefully around innovative work to distill vocabularies along the lines of what's anticipated in meaningful use.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

And so, Aneesh, as we have collected the various panelists and, you know, began to put forth the questions, one of the outcomes, obviously, that we're looking for is a composite of tools and information and innovative solutions that we can then share with people that are trying to come up with ways of doing meaningful use successfully and learning from successful stories or successful, you know, at least strategies that are already out there in the market. That's where we are today for this agenda.

Aneesh Chopra – White House – CTO

Let's turn it around to the group for a conversation. I would love if we could flush out that last piece for a minute, Liz.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Absolutely.

Aneesh Chopra – White House – CTO

It appears to me – I think of life as light, medium, and heavy. Light would be, I'm here to contribute my story so that you could simply learn from my story. Right? Call that a case study in words. On the other extreme could be, I have a software development kit that I'm making available to you so that you could physically hand this over to your IT department, and it will enable, you know, free of the meaningful use provisions where there's some anxiety about how easy or hard it is to execute.

And then maybe somewhere in the middle, someone in the middle would be, you know, something north of a best practice, and south of a full software development kit. And maybe it's modules or components or God knows what the right language is. Could we spend a few minutes debating internally about the unit of output that we think we would love to gather from the folks who are testifying, and if there's sort of a portfolio approach where we'd like to have some hard stuff in the way of toolkits, and some soft stuff in terms of experiencing gathering? Can we wrestle that a little bit further?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I think that's a terrific idea, and so I would ask the group to participate in terms of, you know, as you've begun to – for some of you, of course, seeing the panel prescribed for the first time that have been working with us on this group, what kind of output are you looking for, so you can help us shape the expectation to these participants, as I talk with them?

Aneesh Chopra – White House – CTO

Liz, you might have to cold call some people, depending on who is on the phone.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Right. I could do that. I know this phone has lots of people on it. Any ideas?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Can we just repeat the time they have to deliver their message in?

Aneesh Chopra – White House – CTO

Five minutes. Wes, let me clarify the five-minute thing. This happens usually with Congress. You have a five-minute oral testimony, but you often have people announce that they're leaving behind much more substantive material in addition to testimony.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Right.

Aneesh Chopra – White House – CTO

So I think the documents that Liz shared imply to five-minute oral.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Correct, and that was one of the reasons why, as we've been talking with these different participants, we've talked about, and I think it's a well taken point, Aneesh. What's the leave behind? What is the result of this hearing that's substantial that we can share with others?

Judy Murphy – Aurora Healthcare – Vice President of Applications

So when we think about the implementation experiences panel in particular, I'm thinking that the vendor goes first—this is just in my mind—and talks about their toolkit. So to your....

Aneesh Chopra – White House – CTO

Judy, if that's you, could you just announce so that...?

Judy Murphy – Aurora Healthcare – Vice President of Applications

Sure. Judy Murphy. Sorry. Thanks. The vendor goes first and talks about their software development kit and what they're putting out for their clients to use, so I know, for example, both Cerner and Epic have done that. Those are the only ones I'm familiar with, but they're pretty good toolkits actually. And then the client actually talks about how they're taking that toolkit and using it to create their roadmap. So we actually get double duty, and I do believe we were thinking of giving both the vendor and the provider five minutes each.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Exactly, and the way we had framed it, and I think it could go either way, was that the provider would go first, and I don't know. I don't remember, Judy, if we had those conversations, but I think it was to make sure that we didn't get a sales job from the vendor. That the provider would talk about the two or three

meaningful use challenges that they had discovered remedies for, and then the vendor could add on. And I don't think it makes any difference except that we just want to be sure that we are not encouraging a sales job from the vendor. I think that's what we talked about.

W

That's right.

Judy Murphy – Aurora Healthcare – Vice President of Applications

This is Judy Murphy again. I only like them going first because they talk about the generic toolkit, and then the client, if you will, brings home how they're using that in their own setting.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

And so with the expectation in terms of the two conversations that we had though, back to Aneesh's analogy of the types of leave behinds that we would gain from that, you know, it would seem that what the vendor might leave behind is more about at least an explanation on the four major vendors, as to what they have available for our use, if the provider verify that indeed those were the tools they were using.

Aneesh Chopra – White House – CTO

Yes. Let me clarify my question slightly differently. I would classify a statement that says I have helped my clients because I have given them all these amazing tools, as an example of best practice. I would say that if they were to say, hey, and by the way, today I'm announcing on our public Web site or in the next month or so, we will have sort of a generic framework that even if not our clients could benefit from that because it would help the ecosystem enable. Call that a substantive piece of leave behind.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Right.

Aneesh Chopra – White House – CTO

There's a distinction I see between let me tell you what my clients get versus let me contribute to the greater cause, and here's what I'm offering to contribute. I see slightly different outputs. Wes, I don't know if you have a reaction to what either of those things would be and, if so, there's a way to tease out what works and what doesn't work.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

To be honest, you've challenged me to open my thinking here. I think that a lot of vendors would be surprised if we all of a sudden told them you're here to talk about what you're willing to contribute to the general good. It'd be fun, but I would say that if we have a package that's available for general use, whatever that means, that has been applied, we could give that absolute priority. But, in general, my expectation coming in was, we were going to get, at best, experience of people using commercial tools. What did I learn from this process that would be applicable to people using other tools, and how can they learn?

Aneesh Chopra – White House – CTO

Maybe it's easier to see this on the government side, Wes, because my presumption is, we will be delivering capabilities. I mean, part of what Fridsma will talk about, for example, is what ONC is doing theoretically through the NHIN, as a value-add to society, if you will, so it may be harder on the private side, but your point being well taken. Have we actually asked that of these folks? Do we know if anyone is anticipating a statement that says, you know, we've got some lightweight version of what we're doing ... value-add to society, or have we not asked that question?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I don't think we've asked it yet, Aneesh. I'll tell you what we've done is I've talked with each one on the panel, the first panel, and I've talked with Cerner, but have no problem, either through the provider that is talking with them or calling them myself and putting that out there, even to create some healthy competition between them.

Cris Ross – MinuteClinic – CIO

This is Cris. I guess I'm trying to understand, Aneesh, what is sort of a vendor release tool versus common release tools. For instance, for me, the idea of Cerner or Epic saying, here's our free update kit for existing customers is interesting, but I'm assuming that they're communicating that today.

If we're talking about real open source stuff, that was one of the research things that I looked into to prepare for the innovation panel, and I couldn't find a lot of it, right? There's the HHS has said it's going to release the open source CONNECT toolkit. Maybe we ought to, to meet your goal, make sure that that's on the federal panel or the government panel. And then VistA does a lot of stuff, but other than that, other than organizations like, say, Mirth, that's trying to do some open source stuff, I don't think very many vendors are trying to provide toolkits outside their current and expected customer base. So asking them to say, what are you going to make available, may be a difficult thing for them....

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Well, there are several, like Allscripts has a product called MOSS, which they didn't want to let grow under their feet, so they donated it to open source.

Cris Ross – MinuteClinic – CIO

That's a perfect example. That's great.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Right.

Aneesh Chopra – White House – CTO

Wes, before you finish, let me make something clear. I don't want to be misconstrued in a way here. It's not what are you doing open. Let me forgive myself there. Let me draw the analogy. When the H1N1 issue hit in the spring, going into the summer, Secretary Arnie Duncan said the equivalent of an implementation starter kit. You know, what happens if every school in America is shut down for three weeks? How do we keep the kids learning?

In August, he wrote a letter to every school district and every vendor. He said, what will you all do to help with the continuity of learning? Based on this memo, companies like Pearson and Apple and a bunch of other guys built what I – none of them were open source, so don't get me wrong here. They all have very rich and profitable businesses, but they contributed to the greater good.

I'll give you just an example on the Apple side. Apple contributed this program where they invited teachers to use the iTunes U platform to build out lesson plans that could be shared across anyone in the country who had access to the free iTunes U platform. So it's not so extreme as saying, release your source code. I don't want to be misconstrued here.

But there were some folks who said, hey. We could step up and, within our business environment, contribute something more than just, hey, look at me. I'm doing great work. And that's what I was trying to tease out. Are we hearing that kind of feedback from the market, and could we ... that out a little bit. That was the background. So with that in mind, Wes, why don't you react a little further?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Okay. Well, what I have heard glimmers of is things like Google and Microsoft and other major IT vendors offering some sort of a platform for doing certain functions. What I haven't heard of is anybody offering some extraordinary help or some free help with commercial products around implementation of EHRs or particularly vocabulary reconciliation, which is one of the things we talked about. Broadly, I think we'd almost have to do some trolling to figure out if there is anybody.

W

There's one thing that I could share with the group, and that was, I was in Kansas City for a Cerner conference sometime late last year, and there was a conversation at the CIO Council that I participate in about getting McKesson, Cerner, and Epic together to create an interoperability standard and platform because so many of them operate in the same market. Now that's something that might be of the kind of caliber that you're talking about.

Aneesh Chopra – White House – CTO

Yes. That's exactly right.

W

Yes.

Aneesh Chopra – White House – CTO

If this hearing can tease out those kinds of pronouncements that over the next three months, we will evaluate the viability of blah, you know, rest assured it's coming, so that part of the value add of our hearing is, in a sense, what are the case studies. Assume we get nothing. Assume we come up empty. We still have the value of case studies, so that's always good.

W

Right.

Aneesh Chopra – White House – CTO

But if there's more that can be contributed, these kinds of pronouncements inspiring people to share and collaborate, and what does it mean, as John Halamka so thoughtfully asked in the beginning of our conference call. What does it mean to give a patient their record within 48 hours? Well, some folks might have some specs that they might share and say, hey, here are some draft specs that we're using that would define it from our vantage point. You're all welcome to look at those specs and use them or not. I'm overly simplifying this, but okay. I'm done talking.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

This is Jamie. One of the things that I want to perhaps get back and emphasize and see where it fits in is the importance of open source software. Cris, I guess, in answer to your earlier question, I was thinking of Mirth and FHA, VISH, or somebody as being examples that you might want to use on the innovation panel for things that have some practical experience that have traction. Now, Wes, if you could tell me a little more about MOSS, that sounds interesting. But I'm wondering if open source experience could be one of the themes, perhaps of the innovation panel.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I get confused because ... you know, I would say that between the NHIN CONNECT and some interest in choosing VistA and so forth, there's room for a discussion on open source. But a company ... that keeps

a database of open source healthcare products, it might be worth getting that guy down to testify. I forget his name now.

M

Do you know him, Wes?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I've talked to him on the phone. It's been about a year and a half since I talked to him. I'd ... approach him.

M

That sounds, in some ways, someone who can talk about what the other vendors are doing, is more interesting for the innovation panel.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

He's talking about what the open source projects are doing.

M

Right, right.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

As opposed to vendors, but he's a good publicist for open source.

Aneesh Chopra – White House – CTO

Not to derail this conversation, but, Liz, the simple next step is, could you ask the folks we've invited to the panels if there is a concept of leave behind that they've thought about and, if so, could we tease that out?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes.

Aneesh Chopra – White House – CTO

Or ... heart attack if that's too much.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

No, no. Particularly for the two implementation panels, it's not too much. For those two panels, Cris, you and I can work on the innovation panel.

Cris Ross – MinuteClinic – CIO

Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Judy, I will work with you to make sure that we've got the leave behinds from the public sector.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay ... Linda.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes.

Aneesh Chopra – White House – CTO

Who is going to do the public sector one?

Judy Sparrow – Office of the National Coordinator – Executive Director

Linda Fischetti, but she's been on travel, so I've been helping a little bit.

Aneesh Chopra – White House – CTO

So why don't we separately continue the dialog so that our own house is in order to that effect? So that's where I was thinking the National Cancer Institute, the caBIG framework might be helpful because they might have more assets that they could actually say, you know, at least in the cancer patient community, this is the spec for X, Y, or Z capability that they could publish that could be adopted by others. Again, there may be a few of those. If each of the panelists could think about that as a portfolio question, what mix of our panel is really case study learning, and what mix is stuff that can be shared. The bottom line is lowering the burden for folks to replicate the successes from our hearing members.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

The short answer is, we want all the stuff we can get.

Aneesh Chopra – White House – CTO

Yes, that's my point.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

The testimony is a great sort of catalyzing moment for people internal to an organization to say, hey, you know something? We've been hammering down this idea. We should do something. Let's announce it there. I don't know if we have enough time. It's a couple weeks away, but if we do that this week, maybe we can surface.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Wes, is the president ... that you're working with Tim Yeaton?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes, I think he's pretty much president and chief bottle washer. Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So Tim Yeaton is the name, Cris.

Cris Ross – MinuteClinic – CIO

I just looked him up on the Web site. Wes, if you have a personal connection, I'll follow up with you separately, or we could just – I could just....

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

No, I would say just go ahead. If you're having any trouble, let me help. But I don't want to put myself on the critical path here.

Cris Ross – MinuteClinic – CIO

Got it.

Aneesh Chopra – White House – CTO

Who else is on the call would like to weigh on this concept? Is this a bridge too far? Is this weird? React, please.

John Halamka – Harvard Medical School – Chief Information Officer

This is John Halamka. Hello, Aneesh. Of course, what we want is those who are going to contribute to the public good. So when I think of the stuff we've tried to do in Massachusetts with NHIN and the Mass eHealth Collaborative, one of the things we always try to do is share the wealth. And so, if there are data use agreements, if there are mechanisms of, say, getting patient consent that we use in a community that we can leave behind as ways to accelerate data sharing as part of meaningful use, I mean, these are always the things we would love to do, so I think your concepts are right on.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

John, based on that input and the panelists, I mean, is that more, I mean obviously I'll push the leave behind concept. But based on, for example, the data ... is an excellent example. The PHR, you know, getting information to the patient within 24 hours, I mean it would seem that we could ask. I can ask these providers, as well as these software companies, but particularly the providers, how are you managing that, and if you have a process, a document to leave behind. Is that what you're saying? It's not as grand a scale as what, say, Massachusetts is doing.

John Halamka – Harvard Medical School – Chief Information Officer

Well, I think here's the challenge when you look at the data exchanges required for meaningful use in 2011. Let's just pick off a few. We have a number of things that are patient engagement. We all love patient engagement, and the average practice is going to say, wait a minute. I have to give them a CCR or a CCD or somehow give them a copy of their record within 48 or 96 hours online. I don't know how to do that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Right.

John Halamka – Harvard Medical School – Chief Information Officer

And so hearing from folks who have already done it, in a way that's generalizable, I mean, I think we want to minimize the one off, we did it here because we had a team of Ph.D.s working on it. No, it's how can you, in your two-doctor practice, and it's not an advertisement, as Aneesh said, but if Microsoft or Google or Kiaz says, you know, this is actually something that anybody can do, and it's easy, and it's cheap, and here's how we've seen it done in small doctor practices, that'd be great.

Aneesh Chopra – White House – CTO

John, can we maybe, if you could brainstorm three or four categories of chum, so sample agreements, potentially sample code, or a spec that defines the code or APIs. Whatever you think would be categories of chum, we might want to, you know, encourage that.

John Halamka – Harvard Medical School – Chief Information Officer

Boy, what an awful term to use. I think, why don't we say gold star content?

Aneesh Chopra – White House – CTO

Thank you. Yes.

John Halamka – Harvard Medical School – Chief Information Officer

And so, Carol, you're on the call. I mean, connecting for health, you have a whole set of common framework tools. Is that worth talking about?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Sure. I was actually also going to chime in on the consumer discussion. We've been working with several organizations on just this consumer engagement piece and think that there's a way to potentially address it through a capability to simply download rather than creating the complete onus of the patient portal, you know, hoisting that on the provider.

John Halamka – Harvard Medical School – Chief Information Officer

And that's what, of course, Dixie and her security and privacy working group basically said, which is, you know, what does it really mean to give full, online access? How about a download?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes.

John Halamka – Harvard Medical School – Chief Information Officer

And might that be just a real easy thing? You log in. You download. You get what you need.

Aneesh Chopra – White House – CTO

Carol, where would that fit in this framework? Would that be inviting another provider who would talk about that? Would that be on the innovation panel? Help think through, where would that stuff fit?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

It could be in one of the provider panels, as where they're going to focus specifically on the issue of meeting the requirements for consumer engagement. So it could be done in the context of one of the provider panels. Alternatively, I know we don't have more time. There could be a complete panel dedicated to the consumer engagement issues. I would opt for the prior just because I don't think we can mash this around much more. And I think the capacity to demonstrate the partnership, again, between the provider, the data holder who can create the download capability, and a partner or an innovator of the consumers choosing who can demonstrate how to create value out of that information actually fits well in the framework of the way we've set up the panels.

Aneesh Chopra – White House – CTO

Do you think the individuals we've identified, Carol, are actually pursuing the download concept, or should we try to find a provider who has already committed to, in some way, shape, or form, the download model, and could speak to that, even if they haven't executed it, but that they're on that path to do so?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

The panel doesn't currently reflect it, I don't think. I mean, one person on our committee, Cris, I hate to volunteer you, but MinuteClinic basically does this. There are also some health plans that do it. I think we would have to specifically request a focus on the consumer engagement piece.

Aneesh Chopra – White House – CTO

Liz, how would we think about, of all the voices, if we mapped out each voice that we're doing, and sort of got a sense for the kind of value add they would contribute, which part of the meaningful use story that tackled?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That's what I'm thinking, Aneesh, based on this conversation, is that to go back and talk to Dave and Chuck and Mitzy and Scott, and say, you know, rather than – because that was my next step. In fact, I already have several of these calls set up, to then say to each one of them, what part of the story you're coming to, because what I don't want to see happen, I know none of us do, I don't want, say, all those four persons to bring the same concerns and the same basic answers.

Aneesh Chopra – White House – CTO

Bingo.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So we're on the same page, so I would need to start down the list and fathom out. I don't think that – I think Carol is absolutely right. I don't think that we're going to get, having had three discussions with these people, a lot of focus on consumer engagement from this panel. Now what about...?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

But we should go after it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I mean, I think it's....

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

...meaningful use.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, it's an element of the meaningful use requirement that I think needs to be addressed. I know, just from the work that we've done over the last couple weeks that it's possible.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Right. Based on that, Carol, can we put it into the innovation? Can I ask the participants in the provider panels where they are and what their plan is, and would they speak to at least one or two, particularly if I find some that are really thinking about it and have begun to plan down that, and/or should we put MinuteClinic on the innovation panel?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I would opt for the latter or someone who is doing it proactively now, as opposed to making it an add-on to the provider panel.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I agree. Cris, are you okay with that?

Cris Ross – MinuteClinic – CIO

I would prefer that you find a different consumer engagement example than MinuteClinic, honestly. I'm happy to talk about it. But, one, I'm trying to organize that innovation panel. I'm happy to step away from that, but I don't want to leave it in someone's lap, and I think it would just be better to get someone else on there. But I do like the idea of consumer engagement.

You know, what I have from my comments here or from this discussion for that innovation panel is to get one person from networks, maybe two people from open source, both Mirth and Black Duck, a fourth person to speak to an alternative EHR like Dave Buck, or we might discuss something like telemedicine being another alternative there, then the last one being, the last panelist being someone on consumer engagement.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That sounds good to me. Aneesh, how does that work for you?

Aneesh Chopra – White House – CTO

Yes, I just all – your judgments are all great here. I'm just trying to find a way to tease out the end product, so I think that's terrific. Cris, if MinuteClinic can't be the case study because it's a little awkward for you, is there a way, maybe we do a blog post that says basically who is doing the download. Is anybody out there willing to testify on what they're doing to help the download? Because that seems very simple and compelling, and I would imagine somebody is doing that. I don't know. No one has told me they are.

Cris Ross – MinuteClinic – CIO

Yes, there's people doing it, and I would be happy to do a blog post or to pair with someone else who is doing stuff like us and do a blog post.

Aneesh Chopra – White House – CTO

Yes. I mean, it's certainly reasonable for you, as the guy leading that panel, to put a post up that's saying, hey, I'm rounding out the invitees. If anyone over the next three days has somebody willing to contribute to the cause on what a download scenario looks like, maybe quote whatever language Carol might have from some document.

Cris Ross – MinuteClinic – CIO

Yes, yes.

Aneesh Chopra – White House – CTO

I don't want to be overly simplistic here, but, Wes, isn't this what Gartner does? Don't you all have case studies on this stuff?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

No. I'm afraid not.

John Halamka – Harvard Medical School – Chief Information Officer

Cris and Carol, it may be a bad example, but what we do is we enable a patient to upload a CCR to either Microsoft or Google. At Microsoft, then they can, of course, just pick off the CCR, do whatever they want with it, and Google is working on the capacity for an export of the entire Google record to a CCR and a downloadable format from Google Health, but they've not released it yet.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

But, John, does the consumer have to use one of those two? In other words, can they just get electronic downloads?

John Halamka – Harvard Medical School – Chief Information Officer

And so that's why I say I'm a bad example because....

Aneesh Chopra – White House – CTO

...bad example....

John Halamka – Harvard Medical School – Chief Information Officer

Well, it's just we have a view. It's sort of exactly as the way meaningful use is worded today, which is, a consumer can get a view of all of their data online, or they can send it to Google and Microsoft where it's

downloadable from there. We don't yet offer a direct CCR download because there just wasn't a demand for it. So that's, to your point, maybe another example of somebody who is going without a Google or a Microsoft or a Kiaz or ... directly.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I think the key point there is that what good is this without something to look at it with.

Cris Ross – MinuteClinic – CIO

John, maybe we could co-post a blog entry and talk about your large institution experience and my small institutional experience, and who we connect to and why, and why that's interesting, and solicit, gosh, are there other people out there that are doing interesting stuff?

John Halamka – Harvard Medical School – Chief Information Officer

Absolutely. The thing that's most frustrating is I had to write a totally different interface to Microsoft than Google. Then Indevo, totally different there, and then when xyz.com comes around, totally different there. You know, wouldn't you just love one way to just send the CCR or CCD to anybody, whether it's a patient directly or a third party software vendor? It'd make my life easier.

Cris Ross – MinuteClinic – CIO

That's why I'd like to get one of the people on the innovation panel from one of the network organizations, put a little bit in the hot seat around how are you going to do this without creating yet another layer of proprietary interfaces?

Aneesh Chopra – White House – CTO

Amen, brother.

Cris Ross – MinuteClinic – CIO

Right? And sort of squeeze them a little bit.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes. Wouldn't it be nice if the stage two meaningful use requirement only applied to PHRs that had a standard way of accepting the information?

John Halamka – Harvard Medical School – Chief Information Officer

I agree.

Cris Ross – MinuteClinic – CIO

It should.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Not to take us off the thing, but I think if we were – I think, just getting John's experience out and in the public discourse is important in that regard.

Aneesh Chopra – White House – CTO

Sure.

John Halamka – Harvard Medical School – Chief Information Officer

And so, Aneesh, you've seen chapter three of the PCAST report. You'll see the 25 data exchanges that I highlight through meaningful use, and highlight this big problem, a common means of transmitting from provider to patient, so I'm happy to write about it.

Aneesh Chopra – White House – CTO

Let me back up, Liz, to where we were on your framework. You'll go back and ask the currently invited participants basically which of the meaningful use criteria will you be speaking about where you felt like you contributed to the greater good, and what might you share that's not just best practice, but are you willing to, or could you contribute in a manner that would give us stuff.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Right.

Aneesh Chopra – White House – CTO

And so, that input would be very useful if we have to do any last minute adjustments to kind of how the thing is going to round out. I will work closely with NIST on the government contribution piece, or if Linda is back or whatever from the VA, or whatever the process is, so whatever the circumstances are, we'll get the government story so that we're erring on the side of giving value add as opposed to just telling stories. We'll work on that piece. Then, Cris, you're going to kind of think of flushing out the consumer engagement concepts in the innovation panel. That sounds like a pretty compelling day. Anyone else ... this model?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

What about the healthcare open source? Where does that fit into that, what you just recapped? This is Anne.

Aneesh Chopra – White House – CTO

Anne, I think that was where Cris was going to include some of that in the innovation panel.

Cris Ross – MinuteClinic – CIO

Yes, I think there are two. It could be the organizations Mirth and then Wes introduced us to Black Duck, but I don't know, but they look great. I am assuming that anything that we do around government, like VISH, would talk about the NHIN CONNECT on the government panel, if that fits, or somewhere there. And then if there was a conversation about VistA, we might put I there as well. VistA could sit on innovation, but I think that panel is getting pretty big right now.

Aneesh Chopra – White House – CTO

Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes. Anne, does that answer your question?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Yes. What I'm thinking is in terms of steerages, anything that's helpful for interoperability ought to be open source.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

No, that's not. That's not.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

It would be something we could encourage.

Aneesh Chopra – White House – CTO

I'm not so sure we're going there.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Okay, okay.

Cris Ross – MinuteClinic – CIO

How about open standard rather than open source, Anne? Can we live with that?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Well, I'm not being lucky on open standard.

Aneesh Chopra – White House – CTO

Who else is on the call? I mean, this is ... our scope is to gather the experience from the ground—what are people doing and learning—so that we could scale what works and support and learn where there are gaps where we could influence. So I'm not so sure we're trying to get into how would we restructure the entire software industry that services us aspect. But to the extent that there are ways in which people can build platforms and take advantage of platforms to enable some of these interoperability features that are required in meaningful use, surfacing those and learning about them, I think, is in scope to where we are. So I think that's where we are, trying to find those examples.

To your point about the triecta of the Cerner, plus the McKesson, plus the whatever you said, that's not going to be open sourced. That's probably going to be an open collaboration where they're going to basically all agree to a common method or gateway or whatever the term of art may be.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Well, and I think we all know that if we can get that kind of commitment in an open forum, such as we're saying, that there's an opportunity for them to actually get there at the end of the day is much realer.

Aneesh Chopra – White House – CTO

I mean, that'd be great.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes.

Sharon Terry – Genetic Alliance – President & CEO

This is Sharon Terry, and I'm walking in right now, so I might be completely out to lunch, and you can tell me to shut up. I'm just walking out of leading a day of – we have a legislatively mandated quality indicators project for newborn screening, and I had all the vendors in with several of the states, and the National Library of Medicine and NCBI trying to talk about with really rudimentary standards in the newborn screening area, and we hope a meaningful use criteria coming along. How would we, in this space, do simple solutions that would be affordable and not kill the public health department, because they are the poorest of the poor in many cases?

And kind of ran into many of the things I just picked up at the very end of what you were saying, since I just got on the call, issues around the gaps between many vendors, many systems, in some cases in states. Every hospital has, of course, a Cerner system or something else that they want hooked up in a special way. And the newborn screening public health labs don't have the clout of a Quest or a LabCorp to get the kind of changes on the hospital end and, instead, have to comply with 120 different hospitals in the state, so really big problems, but looking for some of the low hanging fruit that we can use to figure

out quality indicators for meaningful use and outcomes and, at the same time, have rigorous enough standards.

John Halamka – Harvard Medical School – Chief Information Officer

Aneesh, I need to drop off. This is John. I will see you on Wednesday.

Aneesh Chopra – White House – CTO

Thank you, sir.

John Halamka – Harvard Medical School – Chief Information Officer

Thank you.

Aneesh Chopra – White House – CTO

What you just described is exactly what the National Cancer Institute is grappling with on their end. And I think they may be further along in terms of collaborating with the vendor community to build basically common tools to connect to the research community on some of these issues.

Sharon Terry – Genetic Alliance – President & CEO

Yes. And so we've been talking to Ken Buetow at caBIG about this.

Aneesh Chopra – White House – CTO

....

Sharon Terry – Genetic Alliance – President & CEO

Yes, and because this is service architecture, some of the differences, of course, meld over into the privacy issues. And I know that Ken is looking at some of those now with some of the bigger databases that he's bringing in, so we are trying to work along the same lines that in fact even have him involved in some of this.

Aneesh Chopra – White House – CTO

Back to the government panel issue, we could surface this, but that's where I was thinking Ken could describe what they're already planning to do or have already done in contributing to basically making it as easy as possible for achieving some of those meaningful use criteria, at least for cancer patients, based on their framework.

I'm going to shut up in a minute. Any other final observations amongst the folks on this call? Any advice to Liz or Cris about how these panels should look? Are we in line with what our expectations are for coming out of the 8th, or anyone else want to react?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Do we take silence as acceptance, Aneesh?

Aneesh Chopra – White House – CTO

I don't know. Who is on the call? You can do a quick roll call. I certainly love it.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I think everything I am sounding sounds good. I think that I wish we had tumbled to this idea about contributions earlier because I think we could have beat the bushes more, but I think, as always, it's going to be – you're going to walk away saying, boy, that was a good session.

Aneesh Chopra – White House – CTO

Wes, without declaring failure on that, is there a way we could at least, not necessarily change who speaks at the hearing, but because we do have an active blog, is there a way where if that was not as clear on the front end of this, could we, through the blog, surface some of those that may not be able to directly interface on the hearing, but could still allow for people to contribute materials to the greater good, or would that be...?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes, so you could take a specific topic like setting the grassroots on fire for patient engagement, and ask that question, and look for comments to come back in the blog. How are people solving the problem? Are they finding that it's useful? Some of the best examples of patient engagement are the UC stuff that was done around AIDS years ago, and some work that has been done with migrant workers in California. But I don't think they have a download solution. I think the fundamental issue that we're having here is that the reality is, for patient engagement, that giving them a way to view data has more tangible need, value, then giving them data, but....

Aneesh Chopra – White House – CTO

You know, Wes, just to kind of push back for a minute, so you know the job I have is the exact opposite, which is to say, we launched the President's data.gov platform, zero viewability features, and 100% download features because our presumption was people could download and build an ecosystem of very cool apps that we would never even imagine what one would do if they could view the information better. So I'm overly simplifying, but actually our philosophy was raw access to the information could actually create ... innovation, and that's, in part....

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes, let me say that I've been a big supporter of that, not because I thought I was going to download the petrochemical data, but because I thought some work would, and I'd be glad he did it.

Aneesh Chopra – White House – CTO

Yes....

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

But we're not talking about aggregate data here. We're talking about individual data, so it's....

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, but I would just support what Aneesh just said, and also say, the other thing that's very important about this distinction is that it takes the assumptions that every data holder is also an application provider, a service provider. And I think that's the wrong assumption, particularly as we heard for small practices. Instead, creates the opportunity for the consumer to use a service or an app of their choosing knowing that their, or based on the fact that their information is available for electronic download.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I see an important distinction for the meaningful use requirement that needs to be flushed out a little bit.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Okay. But I don't think you'll do that by going out and asking people what have they done. I think you have to be more projection oriented towards that. What could they do in this model, because I just don't think it's being done now?

Aneesh Chopra – White House – CTO

That was the question. If it hasn't been done, it's a different discussion. Just FYI for the group as a whole, a reminder, tomorrow I'm launching an online forum for the smart grid where it's the exact same question. Where should consumers get their smart meter data? Is it view only from the power company, or do I get the raw data that I could then hand over to some cool iPhone app developer to ping me when I should change my thermostat? That's exactly the conversation that we're having on the smart grid, and it starts tomorrow when I have congressional testimony.

If we haven't found anybody to represent that or has done that for the hearing, cool. But we will have a separate time and a place to have that conversation to see whether or not there is a way to spark that type of thinking in the ecosystem. That's essentially the same conversation we're having in other domains.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, and I'll work with Cris on seeing what we can turn up.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

That'd be great.

Cris Ross – MinuteClinic – CIO

Aneesh, this is Cris. One other thing would be, we also had a discussion about whether having examples outside health industry would be helpful. Does the open gov project have some super examples of where you guys release data and terrific things happened yet that would be applicable that we could use them in the panel as well?

Aneesh Chopra – White House – CTO

Sure. So there are some specific apps around the accountability of government spending where people have done a good job matching up, if you will, what it is that we're saying we're spending our money on, and then people cross pollinating that with other pieces. The Sunlight Foundation actually launched a contest where they actually inspired people to build apps off of the data we made available ... format. It conceivable have someone from Sunlight, a guy named Clay Johnson comes to mind, who could basically talk about the experiences they had in seeding an ecosystem, and having that be what's of interest.

Cris Ross – MinuteClinic – CIO

I'll work with Carol, but Clay Johnson from Sunlight sounds pretty darn interesting.

Aneesh Chopra – White House – CTO

It's an offer. I'm happy to make that intro if you think it'd be worth having that person talk about that experience.

Cris Ross – MinuteClinic – CIO

I'll take it offline with Carol, and we can wrestle it around a little bit. We'll get back to you.

Aneesh Chopra – White House – CTO

All right. Well, we're an hour into the call. Any other final feedback?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I think we have a strong set of objectives and some good presenters, and we just need to guide them toward the kind of outcomes that we're looking for, Aneesh. I think we're on the right track.

Aneesh Chopra – White House – CTO

Excellent. All right. Actually, I have to be careful. We have a public comment period. Anybody on the phone? Moderator, how does that work?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes. Operator, can you inquire if anybody from the public wants to make a comment?

Operator

(Directions given) We have no questions.

Aneesh Chopra – White House – CTO

All right, everybody. Great work.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you.

Aneesh Chopra – White House – CTO

Thanks, guys. Have a good one.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Thanks, everybody.

W

Thanks. Bye-bye.

W

Thank you.

W

Bye.